

State: Arkansas
TOI/Sub-TOI: L07G Group Life - Whole/L07G.202 Early Duration Reduced Benefit - Level Premium - Any Policy Design - Funeral Expense
Product Name: Nonforfeiture Rate Change
Project Name/Number: /

Filing at a Glance

Company: National Guardian Life Insurance Company
Product Name: Nonforfeiture Rate Change
State: Arkansas
TOI: L07G Group Life - Whole
Sub-TOI: L07G.202 Early Duration Reduced Benefit - Level Premium - Any Policy Design - Funeral Expense
Filing Type: Form
Date Submitted: 09/24/2012
SERFF Tr Num: NGLI-128697735
SERFF Status: Closed-Accepted For Informational Purposes
State Tr Num:
State Status: Closed-Accepted for Informational Purposes
Co Tr Num: NF-VAL- SERIES 9
Implementation: On Approval
Date Requested:
Author(s): Peggy Kratz, Kim Bolinder
Reviewer(s): Linda Bird (primary)
Disposition Date: 10/01/2012
Disposition Status: Accepted For Informational Purposes
Implementation Date:
State Filing Description:

State: Arkansas
TOI/Sub-TOI: L07G Group Life - Whole/L07G.202 Early Duration Reduced Benefit - Level Premium - Any Policy
Design - Funeral Expense
Product Name: Nonforfeiture Rate Change
Project Name/Number: /

Filing Company: National Guardian Life Insurance Company

General Information

Project Name: Status of Filing in Domicile: Not Filed
Project Number: Date Approved in Domicile:
Requested Filing Mode: Informational Domicile Status Comments:
Explanation for Combination/Other: Market Type: Group
Submission Type: New Submission Group Market Size: Small and Large
Group Market Type: Association Overall Rate Impact:
Filing Status Changed: 10/01/2012
State Status Changed: 10/01/2012
Created By: Kim Bolinder
Corresponding Filing Tracking Number: Deemer Date:
Submitted By: Kim Bolinder

Filing Description:

Please see our Cover Letter

Company and Contact

Filing Contact Information

Kim Bolinder, Product Compliance Analyst kabolinder@nglic.com
2 East Gilman Street 608-443-5335 [Phone]
Madison, WI 53701 608-443-5365 [FAX]

Filing Company Information

National Guardian Life Insurance CoCode: 66583 State of Domicile: Wisconsin
Company Group Code: 1211 Company Type: LAH
P.O. Box 1191 Group Name: State ID Number:
Madison, WI 53701-1191 FEIN Number: 39-0493780
(800) 626-7931 ext. 5325[Phone]

Filing Fees

Fee Required? Yes
Fee Amount: \$150.00
Retaliatory? No
Fee Explanation:
Per Company: No

Company	Amount	Date Processed	Transaction #
National Guardian Life Insurance Company	\$150.00	09/24/2012	63013006

State:	Arkansas	Filing Company:	National Guardian Life Insurance Company
TOI/Sub-TOI:	L07G Group Life - Whole/L07G.202 Early Duration Reduced Benefit - Level Premium - Any Policy Design - Funeral Expense		
Product Name:	Nonforfeiture Rate Change		
Project Name/Number:	/		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Linda Bird	10/01/2012	10/01/2012

State:	Arkansas	Filing Company:	National Guardian Life Insurance Company
TOI/Sub-TOI:	L07G Group Life - Whole/L07G.202 Early Duration Reduced Benefit - Level Premium - Any Policy Design - Funeral Expense		
Product Name:	Nonforfeiture Rate Change		
Project Name/Number:	/		

Disposition

Disposition Date: 10/01/2012
Implementation Date:
Status: Accepted For Informational Purposes
Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Cover Letter		Yes
Form	SCHEDULE OF BENEFITS AND PREMIUMS		Yes
Form	SCHEDULE OF BENEFITS AND PREMIUMS		Yes
Form	ENROLLMENT FORM FOR GROUP INSURANCE/ANNUITY		Yes

SERFF Tracking #:

NGLI-128697735

State Tracking #:

Company Tracking #:

NF-VAL- SERIES 9

State: Arkansas

Filing Company: National Guardian Life Insurance Company

TOI/Sub-TOI: L07G Group Life - Whole/L07G.202 Early Duration Reduced Benefit - Level Premium - Any Policy Design - Funeral Expense

Product Name: Nonforfeiture Rate Change

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Form Schedule

Lead Form Number: NPNCRDTDFD2008-AR 1/13

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1		NPNCRDTDFD2008-AR	SCH	SCHEDULE OF BENEFITS AND PREMIUMS	Revised: Replaced Form #: NPNCRDTDFD2008-AR Previous Filing #: 49142		NPNCRDTDFD2008-AR 3, 3 Pay.pdf
2		NPNCRDTDFD2008-AR 1/13	SCH	SCHEDULE OF BENEFITS AND PREMIUMS	Revised: Replaced Form #: NPNCRDTDFD2008-AR Previous Filing #: 49142		NPNCRDTDFD2008-AR 1-13 Spec, 3 Pay.pdf
3		2815PN-AR 09/12	AEF	ENROLLMENT FORM FOR GROUP INSURANCE/ANNUITY	Revised: Replaced Form #: 2815PN-AR 06/11 Previous Filing #: 49142		2815PN-AR 09-12 w-brackets.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

SCHEDULE OF BENEFITS AND PREMIUMS

CERTIFICATE NUMBER [123456] ISSUE DATE [JUNE 1, 2011]

Group Policy Number [GPN 2008-01]

Plan	Units of Insurance	Premium Paying Period	Maturity Date
Limited Pay Whole Life	[1]	[3 Years]	Life
Premium Payable:	Annually [\$333.33]	Semi-Annually [\$166.67]	Quarterly [\$83.33]
			Monthly [\$27.78]

The Death Benefit during the Premium Paying Period is shown in the Table on Page 3a.

After the Premium Paying Period, the Death Benefit is the Ultimate Certificate Amount defined on Page 2.

Table of Guaranteed Cash Values and Paid-Up Insurance

(Figures do not include future growth, if any)

End of Certificate Year	Cash or Loan Value	Paid-Up Insurance
1	[34.56]	[177.31]
2	[127.14]	[626.93]
3	[223.63]	[1,060.00]
4	[232.59]	[1,060.00]
5	[241.85]	[1,060.00]
6	[251.39]	[1,060.00]
7	[261.22]	[1,060.00]
8	[271.35]	[1,060.00]
9	[281.79]	[1,060.00]
10	[292.52]	[1,060.00]
11	[303.57]	[1,060.00]
12	[314.93]	[1,060.00]
13	[326.62]	[1,060.00]
14	[338.64]	[1,060.00]
15	[351.00]	[1,060.00]
16	[363.67]	[1,060.00]
17	[376.64]	[1,060.00]
18	[389.89]	[1,060.00]
19	[403.38]	[1,060.00]
20	[417.12]	[1,060.00]
Age 55	[417.12]	[1,060.00]
Age 60	[489.31]	[1,060.00]
Age 65	[566.24]	[1,060.00]

Ultimate Certificate Amount: \$1060.00
 Declared Annual Growth Rate: [2.5%], Non-Guaranteed – Applies Only After Premium Paying Period
 Loan Interest Rate: 8.00% Annually In Arrears

Guaranteed Basis Of Values:
 Mortality Table: 1980 Commissioner's Standard Ordinary
 Interest Rate: [5.00]%
 Method: 1980 CSO Standard Nonforfeiture Law Minimum

Insured: [John Doe]
 Age: [35 Male]
 Beneficiary: As Stated In Application Or Last Recorded Endorsement
 Owner: [John Doe]

SCHEDULE OF BENEFITS AND PREMIUMS (continued)
CERTIFICATE NUMBER [123456] ISSUE DATE [JUNE 1, 2011]
Group Policy Number [78910]

DEATH BENEFIT TABLE

The benefit shown is for the total number of Units of Insurance purchased.

Certificate <u>Month</u>	Death <u>Benefit</u>	Certificate <u>Month</u>	Death <u>Benefit</u>
1	\$300.00	19	\$549.44
2	300.00	20	578.89
3	300.00	21	608.33
4	300.00	22	637.78
5	300.00	23	667.22
6	300.00	24	696.67
7	300.00	25	726.94
8	300.00	26	757.22
9	300.00	27	787.50
10	300.00	28	817.78
11	314.72	29	848.06
12	343.33	30	878.33
13	372.78	31	908.61
14	402.22	32	938.89
15	431.67	33	969.17
16	461.11	34	999.44
17	490.56	35	1029.72
18	520.00	36	1060.00

SCHEDULE OF BENEFITS AND PREMIUMS

CERTIFICATE NUMBER [123456] ISSUE DATE [JANUARY 1, 2013]

Group Policy Number [GPN 2008-01]

Plan	Units of Insurance	Premium Paying Period	Maturity Date
Limited Pay Whole Life	[1]	[3 Years]	Life
Premium Payable:	Annually [\$333.33]	Semi-Annually [\$166.67]	Quarterly [\$83.33]
			Monthly [\$27.78]

The Death Benefit during the Premium Paying Period is shown in the Table on Page 3a.

After the Premium Paying Period, the Death Benefit is the Ultimate Certificate Amount defined on Page 2.

Table of Guaranteed Cash Values and Paid-Up Insurance

(Figures do not include future growth, if any)

End of Certificate Year	Cash or Loan Value	Paid-Up Insurance
1	[44.51]	[198.47]
2	[148.08]	[636.70]
3	[255.62]	[1,060.00]
4	[264.99]	[1,060.00]
5	[274.64]	[1,060.00]
6	[284.55]	[1,060.00]
7	[294.73]	[1,060.00]
8	[305.19]	[1,060.00]
9	[315.93]	[1,060.00]
10	[326.94]	[1,060.00]
11	[338.24]	[1,060.00]
12	[349.82]	[1,060.00]
13	[361.70]	[1,060.00]
14	[373.88]	[1,060.00]
15	[386.35]	[1,060.00]
16	[399.11]	[1,060.00]
17	[412.13]	[1,060.00]
18	[425.38]	[1,060.00]
19	[438.85]	[1,060.00]
20	[452.52]	[1,060.00]
Age 55	[452.52]	[1,060.00]
Age 60	[523.76]	[1,060.00]
Age 65	[598.66]	[1,060.00]

Ultimate Certificate Amount: \$1060.00
 Declared Annual Growth Rate: [2.0%], Non-Guaranteed – Applies Only After Premium Paying Period
 Loan Interest Rate: 8.00% Annually In Arrears

Guaranteed Basis Of Values:
 Mortality Table: 1980 Commissioner's Standard Ordinary
 Interest Rate: [4.50]%
 Method: 1980 CSO Standard Nonforfeiture Law Minimum

Insured: [John Doe]
 Age: [35 Male]
 Beneficiary: As Stated In Application Or Last Recorded Endorsement
 Owner: [John Doe]

SCHEDULE OF BENEFITS AND PREMIUMS (continued)

CERTIFICATE NUMBER [123456] ISSUE DATE [MARCH 15, 2009]

Group Policy Number [78910]

DEATH BENEFIT TABLE

The benefit shown is for the total number of Units of Insurance purchased.

Certificate <u>Month</u>	Death <u>Benefit</u>	Certificate <u>Month</u>	Death <u>Benefit</u>
1	\$300.00	19	\$549.44
2	300.00	20	578.89
3	300.00	21	608.33
4	300.00	22	637.78
5	300.00	23	667.22
6	300.00	24	696.67
7	300.00	25	726.94
8	300.00	26	757.22
9	300.00	27	787.50
10	300.00	28	817.78
11	314.72	29	848.06
12	343.33	30	878.33
13	372.78	31	908.61
14	402.22	32	938.89
15	431.67	33	969.17
16	461.11	34	999.44
17	490.56	35	1029.72
18	520.00	36	1060.00

ENROLLMENT FORM FOR GROUP INSURANCE/ANNUITY

2815PN-AR 09/12 Series 9

National Guardian Life Insurance Company (NGL) - Phone 800.988.0826 - Fax 866.228.9927
Two East Gilman Street - PO Box 1191 - Madison WI 53701-1191

Mail Policy To:

- ☐
- Agent
-
- ☐
- Funeral Home
-
- ☐
- Owner (Default)

PROPOSED INSURED/ANNUITANT☐ MALE ☐ FEMALE

First Name MI Last Name Phone Number Social Security Number Age Date of Birth

OWNER - Complete only if other than Insured/Annuitant

First Name MI Last Name Social Security Number Relationship to Insured

OWNER MAILING ADDRESS

Street Address City State Zip Email Address

PAYMENT PLANFuneral Price \$ Face Amount \$ This Policy will fund a: ☐ Burial ☐ Cremation ☐ Other☐ Single Pay Life ☐ Flexible Annuity \$Multi Pay Life: ☐ 3 Year ☐ 5 Year ☐ 7 Year

The Multi Pay Life plan has a limited death benefit for the number of premium paying years selected.

Initial Premium + Multi Pay Premium = Total Premium Amount (with app)

PAYMENT MODE ☐ Annual ☐ Semi-Annual\$ Quarterly ☐ Monthly Direct ☐ EFT*

*Complete the premium withdrawal authorization

DIRECTION FOR PAYMENT OF PROCEEDS (DO NOT COMPLETE UNTIL YOU HAVE READ THE LAST PAGE OF THIS FORM FOR IMPORTANT INFORMATION)

Name of Funeral Provider Street Address City State Zip

Name of Primary Beneficiary Street Address City State Zip Relationship to Insured

APPLICANT SIGNATURES

To the best of my knowledge and belief, the above information is true and complete. I understand that no insurance will be effective until this form is approved and the Policy is issued while the Insured is living. I authorize NGL to share my nonpublic personal information with any Funeral Provider with whom I have a Prefunded Funeral Agreement. If I am the Owner for insurance on the life of the Proposed Insured, I certify that I have an insurable interest in his or her life. **I acknowledge that I have read the fraud warning statement on the last page of this form.**

IRREVOCABLE ASSIGNMENT: I elect to assign this Policy subject to the terms of the Irrevocable Assignment of Policy on the last page of this form. Owner Initials (Initial only if the Policy should be irrevocably assigned.)

Signed At State

Signature of Proposed Insured/Annuitant Date Signature of Owner (Required if other than Insured) Date

AGENT'S STATEMENT I certify that any information recorded by me on this form is true and accurate to the best of my knowledge.

Agent Signature Agent Name Printed NGL Agent #

☐ Check here for Agent Split and see last page.

DIRECTION FOR PAYMENT OF PROCEEDS: By naming a Funeral Provider under the DIRECTION FOR PAYMENT OF PROCEEDS, you agree to the following: NGL is directed to pay an amount not to exceed the death benefit of the Policy to the Funeral Provider named, if any, on the front of this form. NGL will only pay the Funeral Provider upon receipt of proof that funeral merchandise and services have been provided. **You may change these directions at any time before the funeral is provided by giving written notice to NGL.** In the event that NGL rescinds or declines to issue the Policy, you also assign the following to the Funeral Provider: (1) The right to receive the premium paid upon receipt of proof that funeral merchandise and services have been provided; (2) The right to compromise claims; and (3) The right to agree to rescission.

IRREVOCABLE ASSIGNMENT OF POLICY: If initialed, you agree to the following: Assignment of Ownership, Death Benefit and Rescission Rights: The Owner hereby irrevocably assigns to the Funeral Provider named in the Direction for Payment of Proceeds all incidents of ownership of the Policy, the right to receive all or part of the death benefit payable under the Policy upon receipt of proof that the funeral merchandise and services have been provided, and, if the Insurer, for any reason either rescinds or declines to issue a Policy, all rights, including the following: (1) the right to receive the premium paid (upon receipt of proof that the funeral merchandise and services have been provided), (2) the right to compromise claims and (3) the right to agree to rescission.

The Owner acknowledges that by making the assignment irrevocable it cannot be canceled. This assignment does not affect the right of the Owner to cancel the Policy under the Right to Cancel provision. By making this assignment irrevocable, the Owner also acknowledges the following: (1) The assignment of death benefit proceeds is permanent and cannot be changed by the Owner; (2) The Owner has waived all rights under the Policy to surrender for cash, to obtain a loan, to change the Owner or beneficiary, or to receive a refund for any premium paid; and (3) The Owner remains responsible for the payment of all insurance premiums when due.

It is understood and agreed that this irrevocable assignment in no way inhibits the Owner or the next of kin of the Insured from hereafter selecting another Funeral Provider to perform funeral services and provide funeral merchandise in connection with the funeral of the Insured. The Insurer is not a party to this assignment and the sole responsibility of the Insurer is to pay the death benefit proceeds pursuant to the terms of the Policy as amended by this assignment.

AGENT SPLIT DESIGNATION: Please list any agents not included in the **AGENT'S STATEMENT** section.

Agent listed in **AGENT'S STATEMENT** % _____

Additional Agent Signature _____

Additional Agent Name Printed _____

Additional NGL Agent # _____

% _____

ACKNOWLEDGMENT OF PAYMENT: This acknowledges payment from _____ in the amount of \$ _____ in connection with the Policy applied for from NGL. If all of the conditions of the application are met and the application is accepted, a Policy will be issued. If the application is not accepted, the Insurer's only responsibility will be to refund the amount for which this Acknowledgment of Payment was given.

ELECTRONIC CHECK DISCLOSURE: When you provide a check as payment, you authorize us to either use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day you make your payment, and you will not receive your check back from your financial institution. In the event that the payment is not honored, NGL has the right to re-present the transaction. For inquiries please call 1-800-988-0826.

FRAUD WARNING STATEMENT

For Residents of Arkansas: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

State:	Arkansas	Filing Company:	National Guardian Life Insurance Company
TOI/Sub-TOI:	L07G Group Life - Whole/L07G.202 Early Duration Reduced Benefit - Level Premium - Any Policy Design - Funeral Expense		
Product Name:	Nonforfeiture Rate Change		
Project Name/Number:	/		

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
AR - COC S9.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Cover Letter		
Comments:			
Attachment(s):			
AR - Ltr Re-file Spec S9 2012.pdf			



**STATE OF ARKANSAS
CERTIFICATION OF COMPLIANCE**

I, **Mark Neidinger**, an officer of ***National Guardian Life Insurance Company***, hereby certify the following:

- Our company is in compliance with Arkansas Code Ann. 23-79-138. Our policy issue system is set up so that the required notice providing information on the Arkansas Department of Insurance is automatically included with each policy issued in the state of Arkansas.
- In compliance with Regulation 49, our policy issue system automatically generates the required Life and Health Guaranty Association Notice with each policy issued in Arkansas.
- To the best of my information, knowledge and belief the attached filing is in compliance with Rule and Regulation 19 regarding Unfair Sex Discrimination in the Sale of Insurance.

September 24, 2012

Signature

Date

Mark Neidinger

Associate General Counsel – Company Officer

Individual responsible for this filing:

Name: Kim Bolinder

Title: Product Compliance Analyst

Phone #: (608) 443-5335

Email: kabolinder@nglic.com



NGL Insurance Group

September 24, 2012

Life & Health Division
Arkansas Department of Insurance
FILED VIA SERFF

Re: National Guardian Life Insurance Company
NAIC # 66583 FEIN# 39-0493780

Schedule Page: NPNCRDFFD2008-AR (Correction for existing insureds)
Schedule Page: NPNCRDFFD2008-AR 1/13 (Change in Valuation/Nonforfeiture Rate)
Enrollment Form: 2815PN-AR 09/12

We are submitting two revised Schedule pages for use with Group Certificate NPNCRDFFD2008-AR, approved by your Department on June 29, 2011 under state tracking #49142. Additionally we are submitting a revised Enrollment form 2815PN-AR 09/12 which replaces form 2815PN-AR 06/11 also approved under the same filing number.

Correction to Schedule Page: NPNCRDFFD2008-AR

This will replace the Schedule page for existing (22) certificate holders.

We discovered a clerical error in our previous filing, in that we inserted the incorrect schedule page in the policy form submitted for approval. The schedule page contained lower cash values and death benefits than are built into our system. Our system is set up correctly to pay the correct (higher) benefits, however the existing certificate holders received a page showing the lower values and death benefit table. We will immediately be sending the corrected information to our insureds.

New Schedule Page for new issues: NPNCRDFFD2008-AR 1/13

This page is submitted to reflect changes that are being implemented as a result of statutory changes to the Standard Nonforfeiture Law. (This page also includes the correct cash values and death benefit table.) Those changes include:

1. Change in the statutory valuation rate from 4.0% to 3.5%. This rate will be used for statutory reserves for all forms listed, no later than January 1, 2013.
2. Since the valuation interest rate also impacts the cash value calculation, we will be changing the cash value rates from 5.0% to 4.5% for these forms no later than January 1, 2014.

We have revised Enrollment Form 2815PN-AR 06/11 and removed the reference to an accidental death benefit which is not available under this policy. The new form number is 2815PN-AR 09/12.

Sincerely,

Kim Bolinder, Product Compliance Analyst
National Guardian Life Insurance Company
800-548-2962, ext 5335
kabolinder@nglic.com